

April 10, 1989

Silicane Products Division General Fleetric Company

Waterlard, New York 12188 518 237-3330

€ EPA-OTS

Document Processing Center Office of Toxic Substances (TS-790) U.S. ENVIRONMENTAL PROTECTION AGENCY 401 M Street, S.W. Washington, DC 20460

Dear Sir:

Attached are CAIR Reporting forms for chemicals processed at a site which was sold by the General Electric Company in March 1988. We have only answered pertinent questions in Section 1 of the CAIR Reporting form as the data required to complete the other required questions are no longer in the possession or control of the General Electric Company.

LR Browning G. R. Browning, Manager Product Regulatory Operation (518) 233-3763

Enc.

cc: G. Bovina/IMI A. Drake /IMI JL Young /23 ER Baker /31 HF Lindner/34 CAIR file



Form Approved OMB No. 2010-0019 Approval Expires 12-31-89

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Comprehensive Assessment Information Rule REPORTING FORM

When completed, send this form to:

Document Processing Center Office of Toxic Substances, TS-790 U.S. Environmental Protection Agency 401 M Street, SW Washington, DC 20460 Attention: CAIR Reporting Office For Agency Use Only:

Date of Receipt: ______

Document
Control Number: _____

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		SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION
PART	A G	ENERAL REPORTING INFORMATION
1.01	Thi	s Comprehensive Assessment Information Rule (CAIR) Reporting Form has been
CBI	com	pleted in response to the <u>Federal Register Notice of $[1]2$ $[2]2$ $[8]8$ year</u>
	а.	If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal
·,		Register, list the CAS No $[\underline{}]\underline{2}]\underline{6}]\underline{4}]\underline{7}]\underline{1}]-[\underline{6}]\underline{2}]-[\underline{5}]$
	b.	If a chemical substance CAS No. is not provided in the <u>Federal Register</u> , list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the <u>Federal Register</u> .
		(i) Chemical name as listed in the rule
		(ii) Name of mixture as listed in the rule
		(iii) Trade name as listed in the rule
	c.	If a chemical category is provided in the <u>Federal Register</u> , report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.
		Name of category as listed in the rule
		CAS No. of chemical substance [_]]_]_]_]_]_]_]-[_]
		Name of chemical substance
1.02	Ide	entify your reporting status under CAIR by circling the appropriate response(s).
CBI	Mai	nufacturer
[_]		porter
· ·		ocessor
		P manufacturer reporting for customer who is a processor
		P processor reporting for customer who is a processor

[__] Mark (X) this box if you attach a continuation sheet.

1.03	Does the substance you are reporting on have an " x/p " designation associated with it in the above-listed Federal Register Notice?			
CBI	Yes [_] Go to question 1.04			
[_]	No			
1.04	a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the <u>Federal Register</u> Notice? Circle the appropriate response.			
CBI	Yes 1			
[_]	No 2			
	b. Check the appropriate box below:			
	[] You have chosen to notify your customers of their reporting obligations			
	Provide the trade name(s)			
	[] You have chosen to report for your customers			
	[] You have submitted the trade name(s) to EPA one day after the effective date of the rule in the <u>Federal Register</u> Notice under which you are reporting.			
1.05	If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.			
<u>CBI</u>	Trade name			
[_]	Is the trade name product a mixture? Circle the appropriate response.			
	Yes 1			
	No 2			
1.06 <u>CBI</u>	Certification The person who is responsible for the completion of this form must sign the certification statement below:			
	"I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."			
	G. R. Browning LR Browning 4/12/89			
	NAME SIGNATURE DATE SIGNED			
1	Manager, Product Regulatory Op. (518) 233 _ 3763 TITLE TELEPHONE NO.			
	Mark (X) this box if you attach a continuation sheet.			
r1	nair (a) this box if you attach a continuation broot.			

PART	B CORPORATE DATA
1.09	Facility Identification
CBI	Name [] N S U L A T I N G M A I I E R I L A L I S I N C
(1	
	Dun & Bradstreet Number
	EPA ID Number
	Primary Standard Industrial Classification (SIC) Code
	Other SIC Code
1.10	Company Headquarters Identification
<u>CBI</u>	Name [G]E]N]E]R]A]L]-]-[-]-[-]-[-]-]-[-]-[-]-[-]-[-]-[-]-
	(WIAITIEIRIFIOIRIDI_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_
	$[\overline{N}]\overline{Y}$ $[\overline{1}]\overline{2}]\overline{1}$ $[\overline{8}]\overline{8}$ $[\overline{-1}]\overline{2}$
	Dun & Bradstreet Number (0) 0 - (2) 0 8 - (0) 0 3 4 Employer ID Number (1) 4 0 6 8 9 3 4
[_]	Mark (X) this box if you attach a continuation sheet.

1.14	Facility Acquired If you purchased this facility during the reporting year, provide the following information about the seller:
CBI	Name of Seller [_]_]_]_]_]_]_]_]]]]]]]]]]]]]]]]]]]]]]
[_]	Mailing Address [_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]
	[_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]
	[_]_] [_]_]_]_]_][_]_]_]_] State
	Employer ID Number[_]_]_]_]_]_]_]_]_]_]
	Date of Sale
	Contact Person [_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]
	Telephone Number
1.15	Facility Sold If you sold this facility during the reporting year, provide the following information about the buyer:
CBI	Name of Buyer []N]S]U]L]A]T]I]N]G]_]M]A]T]E]R]I]A]L]S]_]I]N]
[_]	Mailing Address [1]] C] A] M] P] B] E] [] [] [] R] O] A] D] [] [] [] [] [] [] [] [] [
	[<u>S]C] </u>
	$[\frac{\overline{N}}{\overline{N}}]$ $[\frac{\overline{1}}{\overline{2}}]$ $[\frac{\overline{1}}{\overline$
	Employer ID Number
	Date of Purchase $[0]3]$ $[1]8]$ $[8]8]$ Mo. Day Year
	Contact Person [G]A]R]Y]_]C.]_]B]]]]]]]]]]]]]]]]]]]]]]]]]
	Telephone Number $[5]1]8]-[3]9]5]-[3]3]0]0$
[_]	Mark (X) this box if you attach a continuation sheet.



GE Silicones

Silicone Products Division Waterford, New York 12188 12-65

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